



DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER POLLUTION CONTROL
Construction Storm Water Inspection Report

Construction Site Information **Outfall No. ____ (or station no. or other identifier of drainage area represented)**

NPDES Tracking No. TNR1 _____ Notice of Coverage (NOC) Date: _____ County: _____

Name of Project: _____

Developer and/or Contractor Name: _____

Information and Instructions

1. The purpose of this form is to report quarterly on weekly inspections of storm water discharge points and the condition of erosion prevention and sediment controls at the construction site. You are required to complete this form only if discharges from the construction site enter waters the division has identified as siltation-impaired. You can determine whether you are discharging to a siltation-impaired stream by looking at the Notice of Coverage (NOC) returned to you after you applied for the construction runoff permit. You may also call your local Environmental Assistance Center (EAC) at the toll-free number of 1-888-891-TDEC or check the department's latest 303 (d) list at <http://www.state.tn.us/environment/water.htm>.
2. You are required to inspect outfall points (where discharges from the site enter streams or wet weather conveyances) at least weekly to ascertain whether your erosion prevention and sediment control measures are effective in preventing soil from leaving the construction site and entering nearby streams. You are also required to inspect the erosion prevention and sediment control measures being used at the site, whether these controls have been installed according to the storm water pollution prevention plan (SWPPP) and whether these controls are in working order.
3. Use a separate form for each storm water discharge point (outfall) at the construction site. Write the date that inspections were performed, in the appropriate week's column; write **Yes** or **No** to indicate if the inspections were performed; and write **Yes** or **No** to indicate whether or not erosion prevention and sediment controls were installed and in working order. Put your initials to the right of the **Yes** or **No** answers. Complete the remainder of the form per the instructions.
4. The inspection results shall be submitted (postmarked) by the 15th day of the month following the end of the quarter, to the Environmental Assistance Center responsible for the area of the State where the construction project is located (see list on reverse). Quarters are January – March, April – June, July – September, and October - December. Use a new form, submitting it with original signatures, for each quarter until a Notice of Termination is filed.

Month, Year	Week 1		Week 2		Week 3		Week 4		Week 5	
	Yes or No	Initials	Yes or No	Initials	Yes or No	Initials	Yes or No	Initials	Yes or No	Initials
_____, 200__	Date: _____		Date: _____		Date: _____		Date: _____		Date: _____	
Inspections Performed										
EP&S Controls in Order										

_____, 200__	Date: _____		Date: _____		Date: _____		Date: _____		Date: _____	
Inspections Performed										
EP&S Controls in Order										

_____, 200__	Date: _____		Date: _____		Date: _____		Date: _____		Date: _____	
Inspections Performed										
EP&S Controls in Order										

Provide the following information for the person(s) who have performed and initialed the above inspections. If more than two persons have performed these inspections, give information for the two persons who performed the most numbers of inspections.

Initials: _____ Name: _____ Phone No. _____

Initials: _____ Name: _____ Phone No. _____

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated information presented. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that inspections of storm water discharge points (outfalls) and of erosion and sediment controls have been performed as recorded in the table above. I certify that erosion and sediment controls in the drainage area of the identified outfall were installed as planned and designed and in working order as recorded in the table above. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name: _____ Title: _____ Signature: _____

Company: _____ Date: _____

Environmental Assistance Center Addresses - Division of Water Pollution Control

EAC Office	Street Address	Zip Code	EAC Office	Street Address	Zip Code
Memphis	2510 Mt. Moriah Road, Suite E-645	38115-1520	Cookeville	1221 South Willow Ave.	38506
Jackson	362 Carriage House Drive	38305-2222	Chattanooga	540 McCallie Avenue, Suite 550	37402-2013
Nashville	711 R.S. Gass Blvd	37243-1550	Knoxville	2700 Middlebrook Pike, Suite 220	37921
Columbia	2484 Park Plus Drive	38401	Johnson City	2305 Silverdale Road	37601